



KILOHANA PRESCHOOL

5829 Mahimahi Street, Honolulu, HI 96821
Phone: (808) 373-4434

For Administrative Use ONLY
Date application received:

SY 2018– 2019
August 6, 2018

STUDENT: _____

Last Name

First Name

Date of Birth

Preference given to children enrolled daily. If space is available, we offer Mon/Wed/Fri or Tues/Thurs enrollment.

MONTHLY SCHEDULE and RATE : Choose (circle) the one you prefer by marking 1st, 2nd and 3rd choice.

Drop off - Pick up	Daily	M/W/F	T/Th	
8:00 – 12:00	__ \$675	__ \$570	__ \$515	Includes a.m. snack. Children eat lunch in the classroom. Parent provides lunch & a beverage from home.
8:00 – 2:30	__ \$740	__ \$610	__ \$540	Same as above + Nap time from 12:00 – 1:00 or 2:00 pm.
8:00 – 5:30	__ \$780	__ \$660	__ \$565	Same as above + p.m. snack, indoor play & activities. *Pickup must be before close of school at 5:30 pm.

Tuition is due on the first of the month prior to the start of school and before your child begins attending school. A 25% discount is given for a second child enrolled at the same time as first child. After the 1st day of the month, a late fee will be charged for each school business day the tuition is unpaid. No reduction in tuition for child's absences.

OCCASIONAL CARE: (Check space where applicable) _____

For enrolled students, we offer occasional care (w/ at least 24 hrs. notice). Payments can be made on a daily basis or ahead of time in monthly tuition.

__ 7:15 – 8:00	\$10.00 per day or \$75 per Month
__ 12:00 – 2:30	\$15.00 per day (no p.m. snack)
__ 12:00 – 5:30	\$30.00 per day (with p.m. snack)
__ 2:30 – 5:30	\$15.00 per day (with p.m. snack)

FEES AND DEPOSITS		
ANNUAL REGISTRATION ONLY:	\$50.00	Due with this application. NON-REFUNDABLE.
ANNUAL COMPREHENSIVE FEE: (All students currently enrolled or new)	\$150.00	Covers cost of excursions, special events/programs, Kilohana shirts.
DEPOSIT (All New Students)	\$100.00	For current school year entrance. Due 1 week after confirmation letter is sent. Applied to last month's tuition when you provide a 2-week (14-day) notice of withdrawal; after a minimum of 3 months attendance. NON-REFUNDABLE if these criteria are not met.
*LATE PICK UP FEE:	\$25.00	\$25.00 for the first 15-minutes and \$10.00 for each additional 15-minutes.
TUITION IS DUE BY THE 1ST OF THE MONTH		Late tuition: \$5.00 per school business day after 1st of the month. If tuition is not paid by the first week of the start of school, your child will be unenrolled. Upon payment of outstanding tuition, the child may be reinstated if space is available.
RETURN CHECK FEE:	\$35.00	

School is closed on Federal and State holidays, Christmas and Spring Breaks, and pre-arranged teacher work days. Children are accepted with the understanding that they will remain through the school year.

PERSON RESPONSIBLE FOR PAYMENT: Name: _____

Address: _____ Phone: _____

Payment Preference: _____ Online Banking _____ Credit Card 2.9% fee added _____ Check

THE UNDERSIGNED AGREES TO THE TERMS AND PAYMENTS INDICATED ABOVE:

Signature: _____ Date: _____



KILOHANA UNITED METHODIST CHURCH PRESCHOOL, Inc.
APPLICATION FORM (PAGE 2)

Please complete all parts of this application form. This is to ensure that Kilohana Preschool has accurate and up-to-date information in your child's confidential records. Please report any changes, especially emergency or work numbers. Thank you!

DATE TO ENTER PRESCHOOL: _____

Student's Full Name: _____ Nickname: _____

Birth date: _____ Child's Age: _____ Gender (circle one): Male Female

Home Address: _____ ZIP: _____ HOME PHONE: _____

*****PARENT/LEGAL GUARDIAN INFORMATION*****

Mother's Name: _____ Home Address: _____

Mother's Employer: _____ Work Phone: _____ Cell: _____

Email Address: _____ Working hours: _____

*Preferred mode of communication for general Preschool announcements (circle one): TEXT EMAIL PAPER COPY

*Authorization of text messages for urgent/emergency Preschool communication (circle one): YES NO

Father's Name: _____ Home Address: _____

Father's Employer: _____ Work Phone: _____ Cell: _____

Email Address: _____ Working hours: _____

*Preferred mode of communication for general Preschool announcements (circle one): TEXT EMAIL PAPER COPY

*Authorization of text messages for urgent/emergency Preschool communication (circle one): YES NO

Marital Status: _____ Child's Legal Guardian: _____

*****EMERGENCY CONTACT INFORMATION*****

- 1. Name Relationship Address Phone
2. Name Relationship Address Phone
3. Name Relationship Address Phone

Child's Physician: _____ Address: _____ Phone: _____

*****WHO IS AUTHORIZED TO PICK UP CHILD FROM SCHOOL*****

(Must be at least 18 years old)

- 1. Name Relationship Address Phone
2. Name Relationship Address Phone
3. Name Relationship Address Phone
4. Name Relationship Address Phone

Signature of Parent/Guardian: _____ Date: _____



Child's Personal History

Brothers or sisters at home (Names/ages): _____
Other persons living at home: _____
Primary Language spoken at home: _____ Can child speak now? (circle one) Yes No
Age child began talking: _____
Phrases spoken: _____
Sentences spoken: _____
Other languages: _____
Any special words your child uses to describe his/her needs: _____

Child's Health:

General Health: _____ Susceptibility to colds: _____
What arrangements can you make for child's care during illness?: _____
Any communicable diseases child has had: Measles ___ Mumps ___ Chicken pox ___ Whooping Cough ___ Other ___
Any serious illness or hospitalization: _____
Any physical limitations: _____
Allergies (e.g., bee stings, foods, etc...) _____
Any other health information we should know (e.g., gets convulsions with fever, throws up when cries, frequent nosebleeds, taking medication, tubes in ears, asthma, premature birth, etc...) _____

Child's Toileting:

Child must be out of diapers and training pants. At our preschool, your child should be able to do the following things on his/her own. Please indicate if he/she can do these by him/herself:

<input type="checkbox"/> Knows when to go to the bathroom	<input type="checkbox"/> Wipes him/herself
<input type="checkbox"/> Gets up and down from the toilet	<input type="checkbox"/> Flushes toilet, washes hands
<input type="checkbox"/> Can pull pants up and down	<input type="checkbox"/> Stays dry at naptime

Child's Behavior:

Has your child been in any school or playgroup before?

How do you feel your child will react to new surroundings/new school?

What methods work best for you at home in gaining your child's cooperation?

What are your child's interests? _____

What are his/her strengths/things you like best about him/her? _____

How can we help your child gain the most from his/her school experience? _____



KILOHANA PRESCHOOL CONSENT FOR TREATMENT

In the case of an accident, injury, or illness of a student requiring medical treatment, parents/legal guardians will be contacted immediately. If a parent/guardian cannot be reached, this consent form serves as a back-up plan to ensure your child will be properly cared for. Please provide the required medical information needed and sign for authorization.

Medical Information

Child's name: _____ Birth date: _____

Child's Pertinent Medical History (e.g., allergies, etc.): _____

Medication taken: _____

Insurance Carrier: _____ Policy #: _____

Child's Primary Physician: _____
Name Address Telephone

Preferred Hospital: _____

Child's Dentist: _____
Name Address Telephone

Authorization of Consent for Treatment

****KILOHANA PRESCHOOL REQUIRES THE SIGNATURES OF BOTH PARENTS/GUARDIANS****

We, _____ and _____ hereby agree that in the event my child exhibits signs of illness or injury, and Kilohana Preschool staff are unable to contact me or a listed emergency contact, I hereby give my consent for a Kilohana Preschool supervisor on duty to refer my child to my child's physician, preferred hospital, or nearest medical treatment center (Kapiolani Medical Center for Woman and Children, 1319 Punahou St. Honolulu, HI 96826); be given any examination or treatment deemed necessary by the personnel of the medical facility; and if permissible by medical facility, subsequently be released to the Kilohana Preschool Supervisor or staff in charge. I agree to be responsible for any emergency medical costs.

*Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Address: _____ Phone: _____

*Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Address: _____ Phone: _____



Kilohana Preschool Parent Consent and Releases

I hereby acknowledge, consent, and agree to the following releases, as indicated by my initials and authorized by my signature below.

Initial to indicate consent

***CONSENT FOR RELEASE OF HOME INFORMATION**

During the school year we distribute class lists to parents to help them be better acquainted with one another. Please specify the information you are **authorizing** Kilohana Preschool to share on this class list. Included would be:

Child's Name: _____
Child's Address: _____
Parents' Name(s): _____
Home/Cell Phone: _____
Email Address: _____

***EXCURSION PERMISSION**

My child, _____ has my permission to go on all excursions away from the school grounds. I understand that Kilohana United Methodist Preschool, Inc. will maintain the highest possible safety standards, and I release the school and any accompanying parents from responsibility or liability in case of accident. I understand that an "event specific" consent form will be required prior to all off-site events.

***PHOTO/MEDIA RELEASE FOR STUDENTS AND PARENTS**

Kilohana Preschool has my permission to use my or my child's photograph publically to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Must be signed by BOTH parents/guardians

Parent/Guardian's Signature: _____ Date _____

Print Name: _____

Phone: _____

Parent/Guardian's Signature: _____ Date _____

Print Name: _____

Phone: _____